MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-013669
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 548 Registrar's No. 1111

DO NOT WRITE ON THIS STUB — AMENDED

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Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

FILED APR 16 1962

1. a. COUNTY St. Louis

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Webster Groves | Length of stay in 1b 11 years | c. CITY OR TOWN Webster Groves | Inside Limits Yes ☑ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 460 So. Gore Ave. | Inside Limits Yes ☑ No ☐ | d. STREET ADDRESS (If outside, give location) 460 So. Gore Ave. | Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First: Tom a/k/a Thomas | Middle: A. | Last: Secoy

4. DATE OF DEATH Month: April Day: 8, Year: 1962

5. SEX: Male | 6. COLOR OR RACE: White | 7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐ | 8. DATE OF BIRTH: 6-22-1877 | 9. AGE (last birthday): 84 | IF UNDER 1 YEAR Months / Days | IF UNDER 24 HR Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): salesman - ret. | 10b. KIND OF BUSINESS OR INDUSTRY: Candy | 11. BIRTHPLACE (City and state or country): Caruthersville, Mo. | 12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: Pleas Secoy | 13b. MOTHER'S MAIDEN NAME: Mary E. Bishop | 14. NAME OF HUSBAND OR WIFE: Mollie G. Houston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT: Mollie H. Secoy Address: 460 So. Gore Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for Parts I and II.)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: over 3-4 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Cerebral Arteriosclerosis

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑ | 20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Feb 1961 to April 8, 1962 and last saw ~~him~~ alive on April 6, 1962
Death occurred at 8:30 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) James B. Jones M.D. | 22b. ADDRESS 9313 Manchester Road St. Louis 19 Mo. | 22c. DATE SIGNED Apr. 9, 1962

23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation | 23b. DATE 4-9-62 | 23c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory | 23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

24. FUNERAL DIRECTOR ADDRESS MITTELBERG - GERBER COLONIAL CHAPEL WEBSTER | 25. DATE RECD. BY LOCAL REG. 4-9-62 | 26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.